Granuloma inguinale

1. DISEASE REPORTING

A. Purposes of Reporting and Surveillance

1. To assess trends in epidemic patterns, understand the impact of the burden of disease on populations, the health care infrastructure, and to better target population-level disease prevention efforts;
2. To assure the adequate treatment of infected individuals in order to reduce the duration of infectiousness and prevent sequelae of infection;
3. To identify cases in a timely fashion in order to interrupt the chain of infection through patient-level interventions such as management of sexual contacts and behavioral risk reduction counseling.

B. Legal Reporting Requirements

1. Health care providers: notifiable to local health jurisdiction within 3 work days
2. Hospitals: notifiable to local health jurisdiction within 3 work days
3. Laboratories: no requirements for reporting
4. Local health jurisdictions: notify the Washington State Department of Health (DOH), STD Services Section within 7 days of case investigation completion; summary information required within 21 days for all reported cases

C. Local Health Jurisdiction Investigation Responsibilities

1. Granuloma inguinale cases should be reported using the STD Morbidity Report Form. (http://www.doh.wa.gov/LHJMap/LHJMap.htm)
2. Local health jurisdiction staff should initiate an investigation of the index patient within 3 working days of receiving a report indicative of granuloma inguinale.
3. Local health jurisdiction staff should inform health care providers of the importance of instructing patients to refer sex partners for evaluation and treatment.

2. THE DISEASE AND ITS EPIDEMIOLOGY

A. Etiologic Agent

Calymmatobacterium granulomatis – an intracellular Gram-negative bacterium

B. Description of Illness

Rare in the United States, the disease is endemic in certain tropical and developing areas, including India, Papua New Guinea, central Australia, and southern Africa. The disease presents clinically as painless, progressive, ulcerative lesions without regional lymphadenopathy. The lesions are highly vascular (i.e., a beefy red appearance) and bleed easily on contact. A secondary bacterial infection might develop in the lesions, or the lesions might be co-infected with another sexually transmitted pathogen.

C. Granuloma inguinale in Washington State

DOH has not received a report of granuloma inguinale since 1991. Cases tend to occur among immigrants from or travelers to endemic areas. This is a rare STD found in tropical and subtropical areas.

D. Reservoir

Humans

E. Modes of Transmission

Presumed by direct contact with lesions during sexual activity

F. Incubation Period

Unknown, probably between 1 and 16 weeks.

G. Period of Communicability

Unknown; probably for the duration of the open sessions on the skin or mucous membranes.

H. Treatment

Treatment includes doxycycline, trimethoprim-sufamethoxazole. See full treatment guidelines at: See CDC treatment guidelines at: http://www.cdc.gov/std/treatment

3. CASE DEFINITIONS

A. Clinical Criteria for Diagnosis

Slowly progressive ulcerative disease of the skin and lymph nodes of the genital and peri-anal area caused by infection with *Calymmatobacterium granulomatis*. A clinically compatible case would have one or more painless or minimally painful granulomatous lesions in the anogenital area.

B. Laboratory Criteria for Diagnosis

The causative organism cannot be cultured on standard microbiologic media. Diagnosis requires visualization of dark-staining intracytoplasmic Donovan bodies on Wright or Giemsa-stained smears or biopsies of granulation tissue.

C. Case Definition

Confirmed: a clinically compatible case that is laboratory confirmed.

4. DIAGNOSIS AND LABORATORY SERVICES

A. Diagnosis

The lesions are highly vascular (beefy red appearance) and bleed easily on contact. However, the clinical presentton can also include hypertrophic, necrotic, or sclerotic variants. The causative organism is difficult to culture, and diagnosis requires visualization of dark-staining Donovan bodies on tissue crush preparation of biopsy.

B. Tests Available at PHL

None

C. Criteria for Testing at PHL

Not applicable

D. Specimen Collection

Not applicable

5. ROUTINE CASE INVESTIGATION

A. Evaluate the Diagnosis

This is a rare disease in the US. The disease is endemic in certain tropical and developing areas including India; New Guinea; central Australia; and southern Africa.

B. Identify Source of Infection

Persons who have had sexual contact with patient who has granuloma inguinale within the 60 days before onset of the patient's symptoms should be examined and offered therapy. However, the value of preventive therapy in the absence of clinical signs and symptoms has not been established.

C. Identify Potentially Exposed Persons

Persons who have had sexual contact with patient who has granuloma inguinale following the onset of the patient's symptoms should be examined and offered therapy. However, the value of preventive therapy in the absence of clinical signs and symptoms has not been established.

D. Environmental Evaluation

None.

6. CONTROLLING FURTHER SPREAD

A. Infection Control Recommendations

1. Health care setting

   Standard Precautions are a set of protocols designed to reduce the risk of (or prevent) transmission of pathogens. Standard precautions synthesize the major features of Universal (Blood and Body Fluid) Precautions (designed to reduce the risk of transmission of blood borne pathogens) and Body Substance Isolation (designed to reduce the risk of transmission of pathogens from moist body substances). Under standard precautions blood, all body fluids, and all body substances of patients are considered potentially infectious (CDC, 1997).

   http://www.cdc.gov/std/program/med&lab.pdf

2. General

   When used consistently and correctly, male latex condoms are effective in preventing the sexual transmission of STDs.

B. Case Management

See above statement in Routine Case Investigation.

C. Contact Management

Examination of sexual partners should occur within 60 days before onset of patient's symptoms.

D. Environmental Measures

Not applicable

7. MANAGING SPECIAL SITUATIONS

Call the Department of Health STD Services for special situations. (360 236-3460)

8. ROUTINE PREVENTION

A. Vaccine Recommendations

No vaccine currently exists for granuloma inguinale.

B. Prevention Recommendations

Key individual STD prevention messages include:

Abstinence

Abstain from sex (do not have oral, anal, or vaginal sex) until you are in a relationship with only one person, are having sex with only each other, and each of you knows the other's STD, including HIV status.

If you have, or plan to have, more than one sex partner:

- Use a latex condom and lubricant every time you have sex.
- Get tested for asymptomatic STDs including HIV.
- If you are a man who has had sex with other men, get tested at least once a year.
- If you are a woman who is planning to get pregnant or who is pregnant, get tested for syphilis and HIV as soon as possible, before you have your baby. Ask your health care provider about being tested for other STDs.
- Talk about HIV and other STDs with each partner before you have sex.
- Learn as much as you can about each partner's past behavior (sex and drug use).
- Ask your partners if they have recently been treated for an STD or have been tested for HIV; encourage those who have not been tested to do so.
- Get vaccinated against hepatitis B virus.

Do not inject illicit drugs.

Drugs also affect your ability to make decisions, which may result in riskier sex.

If you do inject drugs, do the following:

- Use only clean needles, syringes, and other works.
- Never share needles, syringes, or other works.
- Be careful not to expose yourself to another person's blood.

- Get tested for HIV at least once a year.
- Consider getting counseling and treatment for your drug use.
- Get vaccinated against hepatitis A and B viruses.
- Do not have sex when you are taking drugs or drinking alcohol because being high can make you more likely to take risks.

Key prevention strategies include:

STD prevention counseling, testing, and referral services – Individuals at risk for STD should be offered counseling regarding methods to eliminate or reduce their risk and testing so that they can be aware of their status and take steps to protect their own health and that of their partners.

Partner Services (or Partner Notification) with strong linkages to prevention and treatment/care services – Sexual or needle-sharing partners of STD-infected persons have been exposed to STD and are at-risk of being infected. Partner services locate these individuals based on information provided by the patient and provide counseling and education about the exposure as well as services to prevent infection or, if infected, linkages to care.

Prevention for high-risk populations – Prevention interventions for high-risk populations at high-risk or STDs, including HIV-infected persons, are critical to reducing the spread of STDs and HIV and ensure that those at highest risk of acquiring or transmitting these diseases are given the tools necessary to protect themselves and others from HIV infection. Prevention includes targeted health education and risk reduction, health communication programs, and public information programs for at-risk populations and the general public.

School-based STD Prevention – Schools have a critical role to play in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. Washington State requires schools to teach medically accurate comprehensive sex education if such is provided by the school district.

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UPDATES